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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6851

SERIAL NUMBER 09/692,123	FILING DATE 10/20/2000 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 8066-057	
APPLICANTS Paul R. Lesch JR., Lexington, MN; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/160,895 10/22/1999 <i>up8 KOL</i> ** FOREIGN APPLICATIONS ***** <i>none KOL</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** ** 11/29/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS 28765					
TITLE Medicament cartridge and injection device					
FILING FEE RECEIVED 65	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 6851

SERIAL NUMBER 09/692,123	FILING DATE 10/20/2000 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 8066-057	
APPLICANTS Paul R. Lesch JR., Lexington, MN; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/160,895 10/22/1999 <i>HLL</i> ** FOREIGN APPLICATIONS ***** <i>none HLL</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/29/2000 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>HLL</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS 20582					
TITLE Medicament cartridge and injection device					
FILING FEE RECEIVED 65	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		